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## BIB DATA SHEET

CONFIRMATION NO. 8425

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/665,754	09/19/2003 RULE	606	3731	1291.1139101
<b>APPLICANTS</b> James J. Pagliuca, Millis, MA; John D. Unger, Wrentham, MA; James E. Robbins, North Attleboro, MA; Thomas W. Davison, Franklin, MA; Adam Sher, North Attleboro, MA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/906,463 07/16/2001 PAT 6,652,553 which is a CIP of 09/772,605 01/30/2001 PAT 6,800,084 which is a CIP of 09/137,335 08/20/1998 PAT 6,187,000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/10/2003				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/VICTOR X NGUYEN/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance VN Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 11	<b>TOTAL CLAIMS</b> 9
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> CROMPTON, SEAGER & TUFTE, LLC 1221 NICOLLET AVENUE SUITE 800 MINNEAPOLIS, MN 55403-2420 UNITED STATES				
<b>TITLE</b> Surgical tool for use in expanding a cannula				
<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	